Surgery MCQs

Midterm 2013

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Thyroid

(1) Concerning thyroglossal cyst, one is not correct:

a) Results from an unobliterated portion of the thyroglossal duct.
b) More common below the hyoid bone.
c) Moves with deglutition and protrusion of the tongue.
d) Simple excision is curative.
e) Very liable to infection.

Answer : (**D**)

(2) As regard thyroglossal fistula, one is not correct:

a) Usually follows suppuration in thyroglossal cyst.
b) The discharge is intermittent and mucopurulent.
c) Should be treated by Sistrunk's operation.
d) Has a track related to hyoid bone.
e) Derived from branchial pouches.

Answer : (**E**)

(3) As regards lingual ectopic thyroid, one is not correct:

a) Is a congenital lesion.
b) Treated by thyroid hormone suppression.
c) Best diagnosed by thyroid scan.
d) Requires needle biopsy for confirmation.
e) Usually located behind the foramen caecum at the back of the tongue.

Answer : (**D**)

(4) Concerning physiological goiter, one is untrue:

a) Commonly occurs at puberty and young adults.
b) Usually resolves spontaneously.
c) May be associated with toxic symptoms.
d) Mild symmetrical enlargement of the gland.
e) Presents as fullness of the neck (venus neck).

Answer : (**C**)

(5) All of the following (except one), are complications of nodular goiter:

a) Toxic change.
b) Tracheomalacia.
c) Malignant change in about 4-8%.
d) Myxoedema.
e) Retrosternal goiter.

Answer : (**D**)

(6) Concerning colloid goiter, one is untrue:

a) Rare except in endemic areas.
b) Usually resolves spontaneously.
c) Tend to turn toxic or nodular.
d) Partial thyroidectomy is the operation required.
e) Causes large symmetrical enlargement of the gland.

Answer : (**B**)

(7) As regards retrosternal goiter, one is not correct:

a) More common in men.
b) May be true intrathoracic or extension from cervical gland.
c) Dysphagia may occur.
d) Should be treated medically because of the high risks of the operation.
e) Dyspnea cough and stridor are the main presentations.

Answer : (**D**)

(8) Primary thyrotoxicosis is characterized by the following except one:

a) Loss of weight
b) Excessive sweating.
c) Exophthalmos.
d) Loss of appetite.
e) Intolerance to heat.

Answer : (**D**)

(9) For Grave's disease, one is not correct:

a) Nervous manifestations are more prominent.
b) Caused by L.A.T.S.
c) Surgery has no role in the treatment.
d) Tachycardia which persists during sleep.
e) The patients likes cold weather and dislikes hot weather.

Answer : (**C**)

(10) Pretibial myxoedema in present in one of the following conditions:

a) Medullary thyroid carcinoma.
b) Colloid goiter.
c) Grave's disease.
d) Primary myxoedema.
e) Secondary toxic goiter.

Answer : (**C**)

(11) The eye manifestations of thyrotoxicosis include all of the following except one:

a) Lid lag.
b) Starring look.
c) Exophthalmos.
d) Brisk convergence.
e) Lack of corrugation of the forehead on looking upward.

Answer : (**D**)

(12) Thyrotoxicosis should be suspected in all of the following except one:

a) Loss of weight inspite of good appetite.
b) Unexplained diarrhea.
c) Tachycardia which persists during sleep.
d) Coma of unknown cause.
e) Irritability insomnia and night mares.

Answer : (**D**)

(13) The inferior thyroid artery is a branch of:

a) External carotid artery.
b) Vertebral artery.
c) Thyrocervical trunk.
d) Costocervical trunk.
e) Innominate artery.

Answer : (**C**)

(14) The disadvantages of medical treatment of primary thyrotoxicosis include all of the following except one:

a) Prolonged drug therapy with high failure rate.
b) It is impossible to predict which patient is likely to go into a remission.
c) Some goiters enlarge and becomes more vascular.
d) Drug toxicity (Aplastic anaemia and agranulocytosis).
e) Myxoedema does not occur.

Answer : (**E**)

(15) Secondary toxic goiter differs from Grave's disease in all of the following except one:

a) The thyroid gland is nodular in secondary toxic goiter.
b) Cardiovascular manifestations are more prominent in secondary type.
c) In secondary toxic goiter, proptosis is usually absent.
d) Recurrent toxicity after thyroidectomy is much more common in Grave's disease.
e) Post-operative myxoedema is much more common in secondary toxic goiter.

Answer : (**E**)

(16) In the Radio-active iodine treatment of thyrotoxicosis, all are true except one:

a) Thyroid insufficiency occurs in 80% after 10 years.
b) Should be given above 45 years of age.
c) Risk of inducing carcinoma is minimal.
d) Its effect appears after 23 months.
e) Foetal anomalies if given to pregnant females.

Answer : (**C**)

(17) The recurrent laryngeal nerve is a branch of:

a) Glossopharyngeal nerve.
b) Accessory nerve.
c) Vagus nerve.
d) Ansa cervicalis.
e) Sympathetic trunk.

Answer : (**C**)

(18) In differential diagnosis of a solitary thyroid nodule, one is not considered:

a) Primary toxic goiter.
b) Thyroid cyst
c) Papillary carcinoma of the thyroid.
d) Follicular adenoma of the thyroid.
e) Simple nodular goiter.

Answer : (**A**)

(19) As regards papillary carcinoma of the thyroid, one is not correct:

a) Is usually multicentric.
b) TSH dependent.
c) May present as lateral aberrant thyroid.
d) Metastasize early by blood stream
e) Is radio-resistant.

Answer : (**D**)

(20) Concerning follicular carcinoma of the thyroid, one is not correct:

a) Capsular and vascular invasion distinguishes between follicular adenoma and carcinoma.
b) Spread early by blood stream.
c) Blood-borne metastases may give a bony mass.
d) Total thyroidectomy with postoperative radio iodine are indicated even in the presence of secondaries.
e) Prognosis is better than in papillary carcinoma.

Answer : (**E**)

(21) As regards medullary carcinoma of the thyroid, one is not correct:

a) Arises from the parafollicular C-cells.
b) Maybe familial.
c) Serum calcitonin is a valuable tumour marker.
d) May be associated with mucosal neuromas of the lips tongue and eye lids.
e) Radio-iodine is the best treatment

Answer : (**E**)

(22) All of the following thyroid diseases may run in families except one:

a) Grave's disease.
b) Hashimoto's disease.
c) Pendred's syndrome.
d) Anaplastic carcinomas.
e) Medullary carcinoma.

Answer : (**D**)

(23) Subacute thyroiditis (de Quervain's thyroiditis) has all the following features except one:

a) Is due to viral infection.
b) There is pain in the neck fever malaise and firm irregular enlargement of the thyroid.
c) Raised sedimentation rate.
d) All cases end in myxoedema.
e) Cortisone usually gives a rapid symptomatic response.

Answer : (**D**)

(24) As regards Hashimoto's thyroiditis, one is not correct:

a) Auto immune disease.
b) The titer of thyroid antibodies is usually raised.
c) Lymphoma of the thyroid may develop.
d) Full replacement dosage of thyroxine should be given.
e) Thyroidectomy is absolutely contraindicated.

Answer : (**E**)

(25) As regards postoperative hypoparathyroidism, one is not correct:

a) Is due to removal of parathyroid glands or infarction through damage to its blood supply.
b) Symptoms appear on the second or third postoperative day.
c) In extreme cases the patient presents with carpopedal spasm
d) Latent tetany may be elicited by Chevostek's sign.
e) All patients should receive parathyroid hormone.

Answer : (**E**)

(26) In primary hyperparathyroidism, one is not correct:

a) Parathyroid adenoma is the commonest cause.
b) Brown tumours are common in the jaw bones.
c) Should be considered in every patient presenting with renal stones or nephrocalcinosis.
d) May present with acute pancreatitis.
e) Never present as an acute emergency.

Answer : (**E**)

(27) In the diagnosis of primary hyperparathyroidism, one is not correct:

a) Early radiological changes in bones of skull & phalanges.
b) High serum calcium with low serum phosphorus.
c) Elevation of serum parathormone.
d) Elevated serum alkaline phosphatase (in 15% of cases).
e) Low urinary calcium or phosphorus.

Answer : (**E**)

(28) For thyroglossal fistula, one is incorrect:

a) Usually follow suppuration in a thyroglossal cyst.
b) It is liable to recurrent attacks of inflammation.
c) Remnant of the second branchial cleft.
d) Sistrunk's operation is the proper treatment.
e) Always acquired never congenital.

Answer : (**C**)

(29) For papillary thyroid carcinoma, one is incorrect:

a) May be multicentric.
b) May present as lateral aberrant thyroid.
c) Best treated with radio-active iodine.
d) Radical neck dissection is not an essential part of operation
e) Thyroxine must be given post operatively.

Answer : (**C**)

(30) The most frequent cause of primary hyperparathyroidism is:

a) Parathyroid adenoma.
b) Idiopathic parathyroid hyperplasia.
c) Primary parathyroid carcinoma
d) Familial hyperparathyroidism.
e) Ectopic production of parathromone.

Answer : (**A**)

(31) The best routine treatment for multinodular goiter is by:

a) Hemithyroidcctomy.
b) Partial thyroidectomy.

c) Bilateral wedge resection.
d) Subtotal thyroidectomy.
e) Thyroxine administration.

Answer : (**D**)

(32) Papillary carcinoma of the thyroid is associated with all except one:

a) lt is associated with a bruit over the thyroid gland.
b) Occasionally the primary is impalpable with a solitary deposit in an enlarged lymph node.
c) It is common in young adult
d) It is hormone dependent tumour
e) It is multicentric carcinoma.

Answer : (**A**)

(33) Concerning solitary nodule of thyroid gland, one is untrue:

a) It requires radio-isotope scanning.
b) Hot nodule in toxic goiter.
c) Majority of solitary thyroid nodules are cysts
d) Solitary cyst is painless unless haemorrhage produces pain.
e) Never be malignant.

Answer : (**E**)

(34) Hormones secreted by the anterior pituitary include all except one:

a) Follicle stimulating hormone.
b) Oxytocin.
c) Adrenocortical trophic hormone.
d) Growth hormone
e) Prolactin.

Answer : (**B**)

(35) All of the following statements are true concerning thyroid storm except one:

a) It is due to flushing of the circulation with thyroid hormones.
b) Heart failure with marked dyspnea.
c) Convulsions with hyperthermia.
d) Cortisol in large doses is useful
e) Radio-active 1is the best treatment.

Answer : (**E**)

(36) As regards papillary carcinoma of the thyroid, one is untrue:

a) Spreads early to cervical lymph nodes.
b) It is a good prognosis despite nodal spread.
c) The diagnosis is confirmed by fine needle aspiration cytology or exploratory surgery and frozen section histology.
d) It accounts for 20% of all thyroid malignancies.
e) Occasionally the primary in the thyroid gland is impalpable with a solitary deposit in an enlarged lymph node.

Answer : (**D**)

(37) As regard the adult trachea, one is untrue:

a) It is 15 cm long
b) Commences apposite C 6.
c) The thyroid isthmus overlies 24 rings.
d) The brachiocephalic artery is closely related anteriorly to the trachea.
e) The azygous vein runs on the left side.

Answer : (**E**)

(38) The syndrome of multiple endocrine neoplasia (MEN) type II is an association of all of the following except one:

a) Medullary thyroid carcinoma.
b) Pheochromocytoma.
c) Parathyroid hyperplasia.
d) Pituitary tumours.

Answer : (**D**)

(39) Symptoms of hypercalcaemia include all except one:

a) Anorexia.
b) Diarrhea.
c) Polyuria.
d) Polydipsia.
e) Depression. .

Answer : (**B**)

(40) Regarding the treatment of thyrotoxicosis, one is untrue:

a) Carbimazole can cause agranulocylosis.
b) Propranolol is used for tremors and palpitations.
c) Potassium iodide reduces gland vascularity if given 10 days prior to surgery.
d) A transient hypercalcaemia can arise after surgery due to parathyroid gland damage.

Answer : (**D**)

(41) As regards medullary carcinoma of thyroid, all are true except one:

a) Arises from para-follicular “C” cell.
b) May occur alone or in association with MeN-II.
c) Diarrhea in 30% of cases.
d) It is TSH dependent tumor.
e) Surgical treatment by near total thyroidectomy.

Answer : (**D**)

Breast

(1) As regard discharge from the nipple, one is not correct

a) Blood is pathognomonic of duct papilloma or carcinoma.
b) Purulent discharge is very common in breast abscess.
c) Lactorrhea may be associated with pituitary tumour.
d) Creamy discharge in duct ectasia.
e) Cone excision of the major ducts when the bleeding is from multiple ducts.

Answer : (**B**)

(2) One of the following is not a cause for gynaecomastia:

a) Seminoma.
b) Leprosy.
c) Liver cell failure.
d) Cemitidine.
e) Anorchism.

Answer : (**A**)

(3) The most common site for Scirrhous carcinoma of the breast is:

a) Upper outer quadrant
b) Upper inner quadrant
c) Lower outer quadrant.
d) Lower inner quadrant
e) Retroareolar region.

Answer : (**A**)

(4) The primary hormone responsible for lactogenesis is:

a) Oxytocin.
b) Oestrogen.
c) Prolactin
d) Luteinizing hormone.
e) Follicle stimulating hormone.

Answer : (**C**)

(5) All of the following are associated with an increased risk of breast cancer except one:

a) Dietary consumption of fat.
b) Infertility.
c) Age over 35.
d) History of breast cancer in the first degree maternal relatives.
e) Early first pregnancy.

Answer : (**E**)

(6) Early carcinoma of the breast in the last three months of pregnancy is best treated by:

a) Chemotherapy.
b) Radiotherapy.
c) Hormone therapy.
d) Radical mastectomy with termination of pregnancy.
e) Modified radical mastectomy with continuation of pregnancy.

Answer : (**E**)

(7) Injury to the long thoracic nerve of Bell is associated with all of the following except one:

a) Loss of muscle power during pushing.
b) Winging of the medial border of Scapula.
c) Inability to raise the arm above the head.
d) Damage to the nerve occurs during axillary lymph node dissection.
e) May occur in Erb-Duchenne paralysis.

Answer : (**C**)

(8) The commonest benign tumour of the breast is:

a) Lipoma.
b) Duct papilloma.
c) Fibroadenoma.
d) Haemangioma.
e) Neurofibroma.

Answer : (**C**)

(9) As regards hard fibroadenoma, one is not correct:

a) Hard highly mobile (Breast mouse).
b) It is usually painless.
c) Never turn malignant.
d) Resolves under medical treatment
e) The axillary lymph nodes not enlarged.

Answer : (**D**)

(10) Concerning fibroadenosis of the breast, one is not correct:

a) It is an aberration of the normal changes that occur in the breast at puberty or menopause.
b) The pain becomes increasingly worse just before menstruation.
c) The lumps are better felt by the tips of the fingers.
d) More common in childless women.
e) The condition is definitely pre-malignant.

Answer : (**E**)

(11) As regards paget's disease of the nipple, one is not correct:

a) Presents as intractable eczema of the nipple with no vesicles or itching.
b) The nipple is destroyed with the advance of the disease.
c) A breast mass develops within 2-10 years from the appearance of eczema.
d) Local excision of the lesion is curative.
e) Usually occurs at the menopause.

Answer : (**D**)

(12) For acute bacterial mastitis, one is not correct

a) Most cases are caused by staphylococcus aureus.
b) Constitutional symptoms are marked.
c) Fluctuation is an early sign.
d) An antibioma may form.
e) The presence of an area of tense induration after emptying the breast, is an indication for drainage.

Answer : (**C**)

(13) As regards phylloides tumours, one is not correct:

a) Previously known as serocystic disease of Brodie.
b) Present with massive tumour with bosselated surface.
c) It resembles fibroadenoma histologically.
d) Very rarly it develops sarcomatous features with blood-borne metastasis.
e) The axillary lymph nodes are enlarged & hard.

Answer : (**E**)

(14) Peau d'orange is present in all these breast conditions except one:

a) Duct ectasia.
b) Scirrhous carcinoma.
c) Giant fibroadenoma
d) Chronic abscess.
e) Acute breast abscess.

Answer : (**C**)

(15) All of the following except one are skin manifestations of breast cancer:

a) Puckering or dimpling of the skin.
b) Skin nodules.
c) Peau d'orange.
d) Mondor's disease
e) Cancer en cuirasse.

Answer : (**D**)

(16) All of the following phenomena (except one) result from lymphatic obstruction in advanced breast cancer:

a) Peau d'orange.
b) Late oedema of the arm.
c) Cancer en cuirasse.
d) PIeural effusion.
e) Lymphangiosarcoma.

Answer : (**D**)

(17) As regards mastitus carcinomatosis, is not correct:

a) The most malignant carcinoma of the breast.
b) Its course is rapid and the tumour is painful.
c) Redness hotness and oedema are marked features.
d) May be mistaken for acute mastitis.
e) Is associated witb a palpable mass in the breast.

Answer : (**E**)

(18) In radical mastectomy one of the following structures is sacrified:

a) Axillary vessels.
b) Cephalic vein.
c) Nerve to serratus anterior.
d) Lateral pectoral nerve.
e) Nerve to latissmus dorsi.

Answer : (**D**)

(19) As regards mammography, one is not correct:

a) Can detect breast cancer 2 years before reaching a palpable size.
b) Follow up examination of the contralateral breast after radical mastectomy.
c) Examination of large fatty breasts in which lumps cannot be easily felt.
d) Is a good substitute for breast biopsy
e) Is used for early detection of breast cancer (mass screening).

Answer : (**D**)

(20) The high risk groups for developing cancer breast include all of the following except one:

a) Family history (close relatives).
b) History of the disease in one breast.
c) Nulliparous women.
d) Late menarche.
e) Unmarried women.

Answer : (**D**)

(21) In predicting the prognosis of breast cancer all are correct except one:

a) Is related to the size of the tumour.
b) Related to the presence and number of involved lymph nodes.
c) Patients with positive oestrogen receptors have a bad prognosis.
d) The invasiveness of the tumour is more important than the histologic type.
e) The prognosis is worse below the age of 35 years.

Answer : (**C**)

(22) Concerning nipple discharge, one is incorrect:

a) May be associated with a palpable lump in the subareolar region.
b) Mammography and ultrasonography may not detect a small intraduct papilloma.
c) Is associated with pre-menstruaI tension.
d) Cytology should be obtained on a blood stained discharge.
e) Is associated with duct ectasia.

Answer : (**C**)

(23) All of the following are true concerning paget's disease of the nipple except one:

a) Usually unilateral.
b) It is an in-situ squamous cell carcinoma of the nipple.
c) It is an eczematoid lesion.
d) It accounts for only 2% of all breast cancer.
e) It has a better prognosis.

Answer : (**B**)

(24) As regards advanced cancer breast present with all except one:

a) The breast mass exceeds 5 cm.
b) Skin ulceration.
c) Distant metastasis.
d) Retracted nipple.
e) Complete fixation of the tumours to chest wall.

Answer : (**D**)

Hernia

(1) The most common hernia is:

a) Femoral hernia.
b) Incisional hernia.
c) Umbilical hernia.
d) Oblique inguinal hernia.
e) Fired inguinal hernia.

Answer : (**D**)

(2) The mid inguinal point lies midway between:

a) Symphysis pubis and xiphisternum.
b) Pubic tubercle and ant.sup.iliac spine.
c) Umbilicus and ant-sup.iliac spine.
d) Symphysis pubis and ant.sup.iliac spine.
e) None of the above.

Answer : (**D**)

(3) The inferior epigastric artery is a branch of:

a) Femoral artery.
b) Internal iliac artery.
c) External iliac artery.
d) Abdominal aorta.
e) Popliteal artery.

Answer : (**C**)

(4) As regards the anatomy of inguinal canal, one is not correct:

a) In adults its length is about 4 cm.
b) The deep inguinal ring lies 1_inch above the mid.inguinal point.
c) In males, it transmits the spermatic cord, ilio-inguinal nerve and genital branch of genitofemoral nerve.
d) The inferior epigastric artery is lateral to the deep ring.
e) The superficial ring is a v-shaped slit in the external oblique aponeurosis.

Answer : (**D**)

(5) The coverings of the sac of oblique inguinal hernia include the following except one:

a) Skin and superficial fascia.
b) External spermatic fascia.
c) Stretched conjoint tendon.
d) Cremasteric muscle and fascia.
e) Internal spermatic fascia.

Answer : (**C**)

(6) As regards inguinal hernia, one is not correct:

a) Congenital hernia in children maybe translucent.
b) An oblique inguinal hernia comes down alongside the vas deferens within the coverings of spermatic cord.
c) Direct inguinal hernia comes directly through Hasselbach's triangle.
d) The neck of the direct hernial sac is lateral to the inferior epigastric artery.
e) Direct hernia after appendicetomy is due to injury of ilio-inguinal nerve.

Answer : (**D**)

(7) As regards sliding hernia, one is not correct:

a) A hollow viscus forms part of the wall of the sac.
b) The caecum may share on the right side.
c) Urinary bladder may be found on both sides.
d) The sigmoid colon may share on the left side.
e) The hernia is small and does not descend into the scrotum.

Answer : (**E**)

(8) Concerning Bassini's repair, one is untrue:

a) Means suturing of the inguinal ligament to the conjoint tendon.
b) Suturing of the conjoint tendon to the pectineal ligament.
c) Used in repair of oblique inguinal hernia.
d) It interferes with the shutter mechanism of the inguinal canal.
e) It strengthens the posterior wall of the inguinal canal.

Answer : (**B**)

(9) In clinical practice, the most commonly encountered strangulated hernia is:

a) Femoral hernia.
b) Oblique inguinal hernia.
c) Direct inguinal hernia.
d) Obturator hernia.
e) Umbilical hernia.

Answer : (**B**)

(10) Strangulated hernia without intestinal obstruction occurs in the following conditions except one:

a) Richter's hernia.
b) Littre's hernia.
c) Strangulated omentum.
d) Pantaloon hernia
e) Strangulated fallopian tube and ovary.

Answer : (**D**)

(11) For strangulated hernia all are correct except one:

a) Irreducible.
b) Tense.
c) Tender.
d) No impulse oncough.
e) None of the above.

Answer : (**E**)

(12) As regards strangulated Richter s hernia, one is not correct:

a) Common in femoral hernia.
b) The patient may not vomit the bowels are not obstructed.
c) Common in old females.
d) Gangrene and perforation never occur.
e) Local signs of strangulation are often present.

Answer : (**D**)

(13) Regarding the anatomy of the femoral canal, one is not correct:

a) Lies medial to the femoral vein.
b) Bounded anteriorly by the fascia transversal is and posteriorly by the fascia iliaca.
c) It transmits the femoral nerve.
d) Contains the lymph node of Cloquet.
e) Ends at the saphenous opening.

Answer : (**C**)

(14) For the abnormal obturator artery, one is untrue:

a) Is the enlarged pubic branch of inferior epigastric artery.
b) It replaces the obturator artery in 28% of cases.
c) Must be safe-guarded during repair of strangulated femoral hernia.
d) Should be protected in repair of oblique inguinal hernia.
e) In lotheissen approach its injury can be avoided.

Answer : (**D**)

(15) Concerning femoral hernia, one is not correct:

a) More common in females.
b) Strangulation is the initial presentation of 40% of cases.
c) Sliding urinary bladder is common.
d) Richter's hernia is common.
e) It can descend to the thigh below the Saphenous opening.

Answer : (**E**)

(16) In the differential diagnosis of femoral hernia, all of the following are considered except one:

a) Saphena varix.
b) Inguinal hernia.
c) Psoas abscess.
d) Femoral aneurysm.
e) Encysted hydrocele of the cord.

Answer : (**E**)

(17) In the management of strangulated femoral hernia, all are correct except one:

a) The high approach is performed.
b) The abnormal obturator artery should be divided and ligated under direct vision.
c) The femoral vein should be protected.
d) Relieve of the strangulation should be done before opening the sac.
e) Sometimes it is advantageous to divide the medial attachment of inguinal ligament to gain space.

Answer : (**D**)

(18) The commonest hernia in female is:

a) Femoral hernia.
b) Oblique inguinal hernia.
c) Incisional hernia.
d) Para-umbilical hernia.
e) Direct inguinal hernia.

Answer : (**D**)

(19) Concerning umbilical hernia of adults, one is not correct:

a) A true umbilical hernia in adults is rare.
b) Common above the umbilicus.
c) Rare below the umbilicus.
d) Impossible to occur lateral to the umbilicus.
e) Affects males more than females.

Answer : (**E**)

(20) As regards fatty hernia of linea alba, one is not correct:

a) Small swelling in the epigastrium simulating lipoma.
b) Usually irreducible and may be tender.
c) Patient may complain of pain suggestive of peptic ulcer.
d) Common in young adult males.
e) Requires no treatment.

Answer : (**E**)

(21) Spigelian hernia has the following features except one:

a) It is a type of inter-parietal hernia.
b) It starts at the level of arcuate line.
c) Felt in the line of linea semilunaris.
d) The diagnosis is confirmed by CT or ultrasound scanning.
e) Never become strangulated.

Answer : (**E**)

(22) As regards lumbar hernia, one is not correct:

a) More frequent through the superior lumbar triangle.
b) Primary lumbar hernia is very rare.
c) Mostly lumbar hernias are secondary to renal operations.
d) Has to be differentiated from phantom hernia.
e) May be mistaken for a cold abscess.

Answer : (**A**)

(23) All the following except one are possible complications of omphalitis of the newborn:

a) Septicaemia.
b) Neonatal jaundice.
c) Portal vein thrombosis.
d) Abscess of abdominal wall.
e) Pilonidal sinus.

Answer : (**E**)

(24) As regards umbilical discharge, one is not correct:

a) Congenital faecal fistula is due to patent vitello-intestinal duct.
b) Congenital urinary fistula is due to patent urachus.
c) Patent urachus is always presents since birth.
d) Blood stained discharge due to endometriosis.
e) Pilonidal sinus may occur in the umbilicus.

Answer : (**C**)

(25) As regards burst abdomen (wound dehiscence), one of the following is not correct:

a) Vertical incisions are more liable to burst abdomen than transverse incision.
b) Operations on the pancreas are more liable to be followed by burst abdomen.
c) Patients on steroid therapy are at high risk of wound disruption.
d) A serosanginous wound discharge is a pathognomonic sign of impending wound disruption.
e) Wound healing after repair of the disruption is extremely unsatisfactory.

Answer : (**E**)

(26) The sac of Richter's hernia contains:

a) Mickel's diverticulum.
b) Double loop of small bowel
c) Part of the circumference of a bowel loop.
d) Patch of omentum.
e) Loop of large bowel.

Answer : (**C**)

(27) Concerning the anatomy of the inguinal canal, one is incorrect:

a) Deep ring lies half-inch hove the inguinal ligament.
b) Extends from the mid inguinal point to the pubic tubercle.
c) Transmits the Spermatic cord in the male and the round ligaments of the uterus in the female.
d) Begins at the internal abdominal ring medial to the inferior epigastric vessels.
e) Ends at the external abdominal ring close to the pubic tubercle.

Answer : (**D**)

(28) During operation for strangulated femoral hernia the vessel most liable to injury is:

a) Femoral artery
b) Femoral vein
c) Inferior epigastric artery.
d) External iliac artery.
e) Abnormal obturator artery.

Answer : (**E**)

(29) All of the following statements about infantile umbilical hernia are correct except one:

a) ln 80% of cases the defect closes spontaneously within 2 years.
b) More common in females and blacks.
c) Repair indicted if the defect is more than 2 cm or when hernia persists after the age of 2 years.
d) It occurs due to congenital defect in the umbilical area.

Answer : (**D**)

(30) Concerning sliding hernia all are true except one:

a) History of long standing hernia.
b) Incomplete reduction of the hernia.
c) Common in old males.
d) Double micturation.
e) Treated only by conservative methods.

Answer : (**E**)

(31) Concerning para-umbilical hernia all are true except one:

a) It is rarely completely reducible.
b) Frequently has a multilocular sac.
c) Affects females more than males.
d) Protrudes through the umbilical scar.
e) Often associated with divarication of the recti.

Answer : (**D**)

(32) As regards causes of umbilical discharge all are true except one:

a) Patent urachus.
b) Meckel's diverticulum.
c) Omphalo-mesenteric duct remnant.
d) Umbilical granuloma
e) Urachal sinus.

Answer : (**B**)

Skin & Subcutaneous Tissue

(1) All of the following except one, are precancerous lesions of the skin:

a) Long standing varicose ulcers.
b) Lupus vulgaris.
c) Granuloma pyogenicum.
d) Benign melanoma.
e) Radio-dermatitis.

Answer : (**C**)

(2) For xerodermia pigmentosa, all are correct except one:

a) Abnormal sensitivity to sunlight.
b) Hyperpigmentation of exposed parts.
c) Ectropion of eye lids and lips.
d) Development of basal cell carcinoma and squamous cell carcinoma.
e) Radiotherapy is the proper treatment.

Answer : (**E**)

(3) For basal cell carcinoma, one is not correct:

a) All the tumours are ulcerative.
b) Rolled-in edge.
c) Radio-sensitive.
d) The cells may show a palisade arrangement.
e) Locally malignant tumour.

Answer : (**A**)

(4) As regards basal cell carcinoma (rodent ulcer), one is not correct:

a) Arises from the prickle cell layer.
b) Some tumours are solid.
c) The cystic type may be mistaken clinically for a sebaceous cyst.
d) The presence of enlarged lymph nodes denotes secondary infection or basosquamous carcinoma.
e) Infiltration of the bone is a contraindication for radiotherapy.

Answer : (**A**)

(5) Epithelioma (squamous cell carcinoma) is characterized by all the following except one:

a) The cell of origin lies in the dermis.
b) The edge is everted.
c) The lower lip is the commonest site in the face.
d) Spreads mainly by lymphatic spread.
e) Surgery is the primary treatment.

Answer : (**A**)

(6) For epithelioma, one is not correct:

a) Arises from the prickle cell layer.
b) Induration usually extends beyond the visible ulcer.
c) The lower lip is the commonest site in the face.
d) Lymphatic spread is never occurs.
e) A preliminary biopsy essential to decide the line of treatment.

Answer : (**D**)

(7) Marjolin's ulcer is characterized by all the following except:

a) Mostly painless.
b) Slowly growing tumour.
c) Gives early lymphatic metastases.
d) Radio resistant.
e) Arises on top of chronic ulcers or scars.

Answer : (**C**)

(8) For malignant melanoma, one is not correct:

a) The nail fold is the commonest site.
b) Not all tumours are pigmented.
c) Functional naevi may turn malignant.
d) Never gives blood borne metastases.
e) Excision should include wide area of deep fascia.

Answer : (**D**)

(9) The features suggestive of malignancy in a pigmented mole except one:

a) Rapid growth.
b) Change in colour.
c) Halo pigmentation around the mole.
d) Satellite nodules along the path of lymphatics.
e) Hairy mole.

Answer : (**E**)

(10) As regards malignant melanoma, one is not correct:

a) It arises only on top of pre-existing pigmented mole.
b) Melanotic tumours may give amelanotic secondaries.
c) Spontaneous regression may rarely occur.
d) Prophylactic node dissection is not indicated in every case.
e) The prognosis depends on the degree of invasion.

Answer : (**A**)

(11) For glomus tumour, one is not correct:

a) It arises from cutaneous glomus and called haemangiomyoneuroma.
b) Usually found under the nail.
c) Gives paroxysms of severe pain.
d) The pain is noticeable when the limb is exposed to sudden changes in the temperature.
e) Amputation of the digit is the proper treatment.

Answer : (**E**)

(12) One of the following is not correct for keloid:

a) Common after bums
b) Negros are immune against keloid.
c) Hormonal factors may have a role in its pathogenesis.
d) May follow minor injury.
e) Surgical excision followed by irradiation is the best available treatment.

Answer : (**B**)

(13) Cock's peculiar tumour is:

a) A tumour of submandibular salivary gland.
b) A type of neurofibromas.
c) An ulcerating sebaceous cyst of the scalp.
d) A type of dermoid cyst.
e) A tumour of the minor salivary glands.

Answer : (**C**)

(14) As regards dermoid cysts, one is not correct:

a) Sequestration dermoids are the commonest and formed of dermal elements only.
b) Implantation dermoids are common in the fingers palm and sole and sometimes are lined with epidermis only.
c) Thyroglossal cyst is a tubulodermoid.
d) Branchial cyst has no relation to dermoid cysts.
e) Teratodermoids are met with in the ovary or testis.

Answer : (**D**)

(15) Concerning sequestration dermoids, one is not correct:

a) Though congenital their appearance may be delayed for months or years after birth.
b) Most of them occur in head and neck.
c) Always occur exactly in the midline.
d) Not attached to the skin.
e) May be connected through a defect in the cranium with a similar cyst or cavity in the extradural space.

Answer : (**C**)

(16) All of the following conditions (except one) have been given the name "tumour", though they are not:

a) Olive tumour.
b) Warthin's tumour.
c) Stemomastoid tumour.
d) Pott s puffy tumour.
e) Cock's peculiar tumour.

Answer : (**B**)

(17) The prolonged use antibiotics can produce the following except one:

a) Bone marrow depression.
b) Fungal infection.
c) Thrombocytopenia.
d) Constipation.
e) Pseudomembranous enterocolitis.

Answer : (**D**)

(18) All of the following except one are examples of infective gangrene:

a) Carbuncle.
b) Cancrum oris.
c) Noma pudenda.
d) Meleney s ulcer.
e) Froste bite.

Answer : (**E**)

(19) Lipoma is an innocent tumour, however may threaten the life of the patient in all of the following except one:

a) May cause intussuscepion.
b) A pedunculatcd submucous intestinal.
c) May turn malignant.
d) A subthecal lipoma.
e) Lipoma arborescens.

Answer : (**E**)

(20) All of the following are examples of hamartoma except one:

a) Haemangiomas.
b) Benign pigmented moles.
c) Nephroblastoma.
d) Neurofibromas.
e) Multiple exostosis.

Answer : (**C**)

(21) For epithelioma, one is incorrect:

a) The cell of origin lies in the dermis.
b) Cell nests and typical pearls are characteristic.
c) Lower lip is the commonest site in the face.
d) The edge is everted.

Answer : (**A**)

(22) As regards basal cell carcinoma, all are true except one:

a) Very rare in oriental and black races.
b) Much less common than squamous cell carcinoma.
c) Commonest on the exposed skin of outdoor workers .
d) Particularly common in tropical regions.
e) Characterized histologically by solid masses of cells arising from the basal layer of the epidermis.

Answer : (**B**)

Head & Neck

(1) As regards cleft lip, one is not correct:

a) May be bilateral.
b) May be partial or complete.
c) If it occurs in the lower lip it is a median cleft.
d) If associated with cleft palate the lip should be repaired first
e) Is due to failure to fusion between the two maxillary processes.

Answer : (**E**)

(2) Concerning cleft palate, one is not correct:

a) It varies between bifid uvula and tripartite palate.
b) There may be functional disturbances in suckling speech and hearing.
c) Repair should be performed at the age of 6 months.
d) The defect should be closed in two layers
e) Pharyngoplasty may be needed.

Answer : (**C**)

(3) As regards cleft palate, one is not correct:

a) Is often associated with cleft lip.
b) Interferes with nutrition and speech.
c) Closure of the cleft in one layer.
d) Predisposes to upper respiratory tract infection.
e) Repair must be complete before the end of the second year.

Answer : (**C**)

(4) Concerning epithelioma of the lip, one is not correct:

a) The lower lip is the commonest site.
b) The lesion may be preceded by leukoplakia.
c) Ninety nine percent are well and moderately differentiated squamous cell carcinoma.
d) Radioresistant.
e) The primary tumour is excised with 1-2 cm safety margin.

Answer : (**D**)

(5) As regards cancer of the lip, one is untrue:

a) More common in old men.
b) It is rare in negroes.
c) May produce a kissing ulcer on the other lip.
d) Ninety percent occurs on the lower lip.
e) Never spread to lymph nodes.

Answer : (**E**)

(6) Concerning ranula, one is not correct:

a) A bluish swelling in the floor of the mouth.
b) Usually lies to one side of the middle line.
c) Never extends to submandibular region.
d) Treated by partial excision and marsupialization.
e) May be mistaken for sublingual dermoid cyst.

Answer : (**C**)

(7) Concerning sublingual dermoid cyst, one is not correct:

a) Is a congenital cyst in the floor of the mouth.
b) Forming an opaque cyst bulging below the chin.
c) May lie above or below the myelohyoid muscle.
d) Treated by enculeation through the neck.
e) Usually appears after birth.

Answer : (**E**)

(8) As regards ulcers of the tongue one is in correct:

a) Dyspeptic ulcers are shallow ulcers occurring in any part of the tongue.
b) Dental ulcers occur on the edge of the tongue by a ragged tooth.
c) Tuberculous ulcers are painless and occur on the tip of the tongue.
d) Tertiary syphilitic ulcers are painless with punched out edges.
e) Malignant ulcers are indurated with raised and everted edges.

Answer : (**C**)

(9) In the treatment of carcinoma of the tongue, one is not correct:

a) Surgical excision with safety margin is indicated for small lesions of recurrent lesions after irradiation.
b) Teletherapy is indicated for lesions of the posterior third.
c) Commando's operation may be needed if the tumour infiltrates the mandible.
d) Interstitial irradiation is indicated for lesions more man 2 cm in depth.
e) If the lymph nodes are enlarged and mobile block dissection is performed.

Answer : (**D**)

(10) As regards carcinoma of the posterior third of the tongue, one is not correct:

a) Best treated by radiotherapy and bilateral block dissection of the cervical lymph nodes.
b) More common than in anterior two thirds.
c) Causes difficulty in swallowing and articulation.
d) Spreads directly to both jugular lymph nodes.
e) It may be lympho-epitheliomal.

Answer : (**B**)

(11) For branchial cyst, one is not correct:

a) The cyst usually appears at birth.
b) Is due to persistence of a part of the second branchial cleft.
c) Is found at the junction of the upper and middle thirds of the sternomastoid at its anterior border.
d) Usually lined with squamous epithelium.
e) Contains mucoid fluid rich in cholesterol crystals.

Answer : (**A**)

(12) For branchial fistula, one is not correct:

a) Is often bilateral.
b) The internal opening may reach the supratonsillar fossa.
c) The external opening lies posterior to the stemomastoid.
d) Discharge clear mucoid fluid.
e) Requires removal of the whole track by the step-ladder operation.

Answer : (**C**)

(13) Cystic hygroma has all the following features except one:

a) May be found at birth and may even obstruct labour.
b) The posterior triangle of the neck is the commonest site.
c) It is brilliantly translucent.
d) Partially compressible.
e) Never occurs in other sites than the neck.

Answer : (**E**)

(14) As regards cervical rib, one is not correct:

a) May be asymptomatic.
b) May cause poststenotic dilatation of subclavian artery.
c) Atrophy of the small muscles of the hand may occur.
d) Subperiosteal resection of the first rib is only needed.
e) Numbness and tingling of the fingers occur.

Answer : (**D**)

(15) Concerning carotid body tumor, one is not correct:

a) Is a type of chemodectoma at the carotid bifurcation.
b) Highly malignant tumour with early metastasis .
c) Presents with a mass in the region of carotid bifurcation with a thrill and bruit.
d) Angiography is diagnostic.
e) Occurs in the middle life.

Answer : (**B**)

(16) In radical block dissection of malignant cervical glands the following structures are preserved except one:

a) Carotid arteries.
b) Hypoglossal nerve.
c) Vagus nerve.
d) lnternal jugular vein
e) Sympathetic trunk.

Answer : (**D**)

(17) As regards epulides one is not correct:

a) Fibrous epulis is a fibroma arising from the mucoperiosteum of the alveolar margin related to carious teeth.
b) Myeloid epulis has the same histological structure as osteoclastoma.
c) Granulomatous epulis is related to an unerupted tooth.
d) Carcinomatous epulis is an epithelioma of the floor of mouth infiltrating the alveolar margin.
e) Sarcomatous epulis is similar to parosteal fibrosarcoma of bone.

Answer : (**C**)

(18) As regards dental cyst, one is incorrect:

a) Occurs in adults in relation to the root of a normally erupted but infected tooth.
b) Large dental cyst expanding the bone.
c) Contains a yellowish brown mucoid material.
d) More common in the lower jaw.
e) Egg shell crackling can be elicited.

Answer : (**D**)

(19) For adamantinoma ,one is not correct:

a) Usually starts in the region of the angle of the lower jaw.
b) Presents as a lobulated swelling expanding the jaw.
c) It bulges more to the outer side than to the inner side.
d) X ray shows soap bubble appearance.
e) Occurs in children.

Answer : (**E**)

(20) As regards salivary calculi, one is not correct:

a) Mostly occur in the submandibular salivary gland.
b) Contains a high proportion of calcium and it is radio opaque.
c) Stone in the submandibular duct may cause salivary colic.
d) Stone in the duct can be removed by direct incision.
e) Stone in the gland is removed and the gland is left in situ.

Answer : (**E**)

(21) Sialectasis means one of the following:

a) Atresia of salivary ducts.
b) Multiple cysts of salivary glands.
c) Dilatation of salivary ducts.
d) Multiple salivary adenomas.
e) Multiple salivary Calculi.

Answer : (**C**)

(22) For mixed salivary tumour, one is not correct:

a) The parotid gland is the commonest site.
b) Has a very heterogeneous histological structure.
c) Always associated with facial palsy.
d) Tends to rear after inadequate excision.
e) Superficial parotidectomy is the proper treatment.

Answer : (**C**)

(23) All of the following except one are features of malignant parotid tumours:

a) Rapidly growing swelling.
b) The tumour is painless and not tender.
c) The facial nerve is infiltrated by the tumour.
d) Hard in consistency and fixed.
e) The lymph nodes may be enlarged and hard.

Answer : (**B**)

(24) For Warthin's tumour, one is not correct:

a) Occurs only in the superficial lobe of the parotid gland.
b) Consists of multiple cystic areas filled with mucoid fluid.
c) May arise from inclusion of parotid tissue in the lymph nodes.
d) ln 10% of cases the tumour is bilateral.
e) Best treated by simple enucleation.

Answer : (**E**)

(25) As regards Sjogren's syndrome, one is not correct:

a) Auto immune disease.
b) Keratoconjunctivitis sicca (dry eye).
c) Generalized arthritis.
d) Treatment by total parotidectomy.
e) Xerostomia (dry mouth).

Answer : (**D**)

(26) Concerning Mickulicz's syndrome, one is untrue:

a) Enlargement of lacrimal and salivary glands.
b) Auto immune disease.
c) Dryness of eyes and mouth.
d) Never associated with rheumatoid arthritis.
e) Treatment is symptomatic with artificial tear and saliva.

Answer : (**D**)

(27) Carcinoma of the tongue infiltrating the mandible is best treated by:

a) Radiotherapy of both primary and regional glands.
b) Two stage excision of primary and regional glands.
c) Monoblock excision of primary and whole lymphatic area (commando operation).
d) Radiotherapy for primary followed by radical neck dissection.
e) Excision of primary and radiotherapy to cervical lymph nodes.

Answer : (**C**)

(28) Concerning branchial cyst, one is incorrect:

a) It occurs in the carotid triangle partially covered by the anterior border of sternomastoid muscle.
b) The cyst contains mucoid fluid rich in cholesterol
c) May develop branchiogenic carcinoma
d) It is opaque in transillumination.
e) The cyst lined by simple columnar epithelium.

Answer : (**B**)

(29) Concerning Cancer of the lip, one is untrue:

a) More common in men than women.
b) Usually affects the upper lip.
c) Usually Squamous cell carcinoma
d) It is rare in Negroes.
e) It has a strong correlation with sunlight exposure.

Answer : (**D**)

(30) The clinical features of thoracic outlet syndrome include all the following except one:

a) Parasthesia along the ulner nerve.
b) Atrophy of thenar eminence.
c) Pain in the neck and shoulder.
d) Diminished radial pulse on the arm elevation.
e) Ischaemic gangrene of the fingers.

Answer : (**B**)

(31) As regards scalene syndrome, the following are correct except one:

a) May be associated with cervical rib.
b) It is common in females.
c) It results from compression of the lower trunk of the brachial plexus and the subclavian artery in the scalene triangle.
d) Treated only by sympathectomy.

Answer : (**D**)

Neuro

(1) As regards wounds of the scalp, one is incorrect:

a) Wounds of the scalp are associated with severe bleeding.
b) Carry great risk of spreading infection.
c) Should always be closed in one layer.
d) Should be thoroughly explored for any skull fracture.

Answer : (**C**)

(2) Concerning subaponeurotic hematoma of the Scalp, one is untrue:

a) Usually forms large fluctuating swelling.
b) Collects in the loose tissue under the aponeurosis.
c) Extends to the supraorbital ridges in front
d) Carries risk of intracranial extension of infection.
e) Never reaches the superior nuchal lines posteriorly.

Answer : (**E**)

(3) Depressed fractures in adults need surgical intervention in all of the following except :

a) The depression is more than 3 mm in depth.
b) Compound fractures.
c) The fracture is overlying the motor or speech areas.
d) If the fracture is associated with an intracranial lesion needing surgical correction.
e) Pond fractures.

Answer : (**E**)

(4) As regards fracture of the base of skull one is not correct:

a) The posterior limit of orbital bleeding is not seen.
b) Blood coming from the ear is dark and does not readily clot.
c) In fracture of the posterior fossa CSF escapes to the pharyngeal cavity.
d) The hypoglossal nerve is the most liable to injury.
e) Cerebro-spinal rhinorrhea may need correction later on.

Answer : (**D**)

(5) A meningocele has the following features except one:

a) It is usually found in the occipital region.
b) It is translucent.
c) Soft fluctuant swelling with cross fluctuation between swelling and anterior fontanels.
d) Pulsates with the heart beat
e) Treatment may be followed with hydrocephalus.

Answer : (**D**)

(6) Concussion is a clinical syndrome characterized by all of the following except one:

a) Loss of consciousness (few minutes).
b) Slow weak pulse and low blood pressure.
c) Deep sighing respiration.
d) Severe pallor.
e) Dilated fixed pupils.

Answer : (**E**)

(7) As regards Extradural hemorrhage one is not correct:

a) Tears of the anterior branch of the middle meningeal artery is the commonest cause.
b) Concussion is followed by lucid interval.
c) Drowsiness which deepens into coma.
d) In the phase of compression tachycardia with lowering of blood pressure occur.
e) Operation must be performed as early as possible.

Answer : (**D**)

(8) For localization of the site of extradural hematoma, one is not correct:

a) It is the side of scalp wound.
b) It is the side of the first pupil to dilate.
c) It is the side of hemiplegia.
d) Side of skull fracture as detected radio logically.
e) Now CT can detect the side.

Answer : (**C**)

(9) The middle meningeal artery is a branch of:

a) The internal carotid artery.
b) The basilar artery.
c) The maxillary artery.
d) The external carotid artery.
e) The superficial temporal artery.

Answer : (**C**)

(10) As regards chronic subdural hematoma, one of the following is not correct:

a) Usually follows mild head injury.
b) The condition usually affects old people.
c) Usually presents by headache and hemiparesis.
d) Due to rupture of mycotic aneurysms.
e) Is treated surgically with a good prognosis.

Answer : (**E**)

(11) Indications for surgical intervention following head injury, include all of the following except:

a) Most depressed fractures in adults.
b) Extradural hemorrhage.
c) Chronic subdural hematoma.
d) Brain edema.
e) Closure of residual defect in the skull.

Answer : (**D**)

(12) As regards hydrocephalus, one is not correct:

a) Arnold-Chiari malformation is a cause of the congenital type.
b) Blockage of the foramina in the roof of the fourth ventricle is an acquired cause.
c) The fontanels are tense and bulging.
d) May be communicating or non-communicating.
e) Surgery is indicated only in congenital hydrocephalus.

Answer : (**E**)

(13) Features of increased intra cranial tension include all of the following except one:

a) Headache.
b) Papilloedema.
c) Vomiting.
d) Nausea.
e) Depressed level of consciousness.

Answer : (**D**)

(14) The X-ray appearance of brain tumors includes the following except one:

a) Beaten silver appearance.
b) Erosion or hyperostosis of the overlying bone.
c) Enlargement of the internal auditory meatus.
d) Calcifications in the tumour.
e) Pott's puffy tumour.

Answer : (**E**)

(15) As regards meningioma, one is not correct:

a) Arises from arachnoid villi.
b) Is very vascular.
c) Never invades the brain.
d) Common in the posterior cranial fossa.
e) Produces hyperostosis in the overlying bone.

Answer : (**C**)

(16) As regard acoustic neuroma, one is untrue:

a) Arises from the neurilemma sheath of acoustic nerve.
b) May be bilateral and associated with Café-au-lait patches.
c) Grows slowly in the cerebellopontine angle.
d) May cause cerebral or pyramidal signs.
e) Never causing hearing loss.

Answer : (**C**)

(17) Concerning craniopharyngioma, one is untrue:

a) It is a suprasellar intracranial tumor.
b) Composed of epithelial tissue with a central cystic area.
c) Rarely becomes calcified.
d) Common in children.
e) Visual endocrine and neurological complications are common following surgery.

Answer : (**C**)

(18) An intervertebral disc is composed of:

a) A central mass of loose connective tissue.
b) A peripheral ring of tough fibrous tissue.
c) Two plates of hyaline cartilage.
d) All of the above.
e) A and B only.

Answer : (**D**)

(19) The most common symptom of prolapsed lumbar disc is:

a) Radicular sciatic pain.
b) Low back pain.
c) Limbing.
d) Motor loss.
e) Sensory loss.

Answer : (**A**)

(20) The incorrect statement about lumbar disc protrusions is that they:

a) Occur most often in elderly subjects.
b) Are much more common in males than in females.
c) Most often affect the fourth and fifth discs.
d) Manifest themselves by low back pain and sciatica.
e) May produce neurological signs.

Answer : (**A**)

(21) Concerning fracture dislocations of the spine the wrong statement is that they:

a) Occur most often in lower cervical region.
b) Result from excessive flexion rotation injury of the spine.
c) Are associated with rupture of the posterior ligament complex.
d) Consist of forward dislocation of the upper vertebra and wedging or crushing of the lower vertebra.
e) Are commonly associated with paraplegia.

Answer : (**A**)

(22) In Pott's disease of the spine the following statements are correct except that it:

a) Is commonest in male children.
b) Affects the dorsolumbar region most often.
c) May affect one vertebra only.
d) Is due to blood spread of tubercle bacilli from a primary focus.
e) May remain silent until deformity cold abscess or paraplegia.

Answer : (**C**)

(23) The radiological signs of Pott's disease include the following except:

a) Wedging of vertebral bodies.
b) Decalcification and rarefaction of affected segment.
c) Intact intervertebral discs.
d) Angular kyphosis.
e) Soft tissue shadow due to cold abscess formation.

Answer : (**C**)

(24) The most common primary tumour of the spine is:

a) Osteoclastoma.
b) Chondroma.
c) Bone sarcoma.
d) Fibrosarcoma.
e) Multiple myeloma.

Answer : (**E**)

(25) The incorrect statement about extradural spinal tumours is that they:

a) Are frequently primary tumours.
b) Cause severe local pain due to bone destruction.
c) May lead to collapse of the affected vertebra.
d) Proceed rapidly to compression paraplegia spastic paralysis.
e) Often produce radiological signs in the plain X ray.

Answer : (**A**)

(26) Concerning intramedullary spinal tumours the incorrect statement is that they:

a) Usually arise in the cord as malignant gliomata.
b) Rarely occur as benign ependymomas.
c) May manifest themselves by root pains at an early stage.
d) Cause spastic paralysis with bladder symptoms.
e) Produce distal sensory loss of the dissociated type.

Answer : (**C**)

(27) Froin's syndrome consists of the following features except:

a) High intraspinal pressure.
b) Yellow colouration of the C.S.F (xanthochromia).
c) Spontaneous coagulation.
d) Increased protein content
e) No increase in cells.

Answer : (**A**)

(28) The indications for lumbar puncture include the following except:

a) Induction of spinal anaesthesia.
b) Reduction of intracranial tension in brain tumours
c) Diagnosis of spinal tumours.
d) Treatment of traumatic subarachnoid haemorrhage.
e) Injection of antibiotics in meningitis.

Answer : (**B**)

(29) In head injuries, the most helpful investigation is:

a) Plain x-ray of the skull .
b) Lumber puncture
c) Angiography.
d) Ventriculography.
e) CT scanning.

Answer : (**E**)

(30) In fracture base of the skull, all of the following nerves may be injured except one:

a) Vagus.
b) Optic.
c) Facial.
d) Auditory.
e) Hypoglossal.

Answer : (**E**)

(31) Delayed ulnar neuritis is due to:

a) Fractures and dislocations in the elbow region.
b) Wounds of the arm forearm and wrist.
c) Cubitus valgus deformity.
d) Leprosy.
e) Neurofibromatosis.

Answer : (**C**)

(32) The signs of ulnar nerve injury at the wrist include the following except

a) Ulnar claw hand deformity.
b) Flattening of hypothenar eminence and hollowing of interosseous spaces.
c) Positive Froment's sign.
d) Failure to grip a sheet paper between two extended fingers.
e) Weakness of hand grasp and of flexion and adduction of wrist.

Answer : (**E**)

(33) Division of the median nerve above the wrist manifests itself clinically by the following signs except:

a) Ape-hand deformity.
b) Loss of opposition of thumb to little finger.
c) Preservation of pronation of forearm.
d) Pointing index during clasping the hands.
e) Anaesthesia over palmar aspect of radial side of hand and of lateral 3 fingers.

Answer : (**C**)

(34) Median nerve injury at the wrist results in the following except:

a) Loss of sensation over the palmar aspect of the lateral three and half digits.
b) Inability to oppose the thumb to the other fingers.
c) Inability to flex the terminal phalanx of the thumb.
d) Ape-hand deformity.
e) Wasting of the thenar eminence.

Answer : (**C**)

(35) Horner's syndrome is characterized by all of the following except one:

a) Ptosis of the upper eyelid.
b) Constriction of the pupil (miosis).
c) Enophthalmos.
d) Flushing of the affected side of face.
e) Excessive sweating of the same side of face.

Answer : (**E**)

(36) Sciatic nerve injury manifests itself by the following signs except:

a) Paralysis of all muscles below the knee.
b) Drop foot and clawing of the toes.
c) Anaesthesia of whole leg and foot.
d) Trophic changes in sole of foot and toes.
e) Causalgia if the nerve lesion is partial.

Answer : (**C**)

(37) Following repair of a completely transected peripheral nerve regeneration usually proceeds at a daily rate of:

a) 0.1 mm.
b) 1 mm.
c) 5 mm.
d) 1 cm.
e) 1 inch.

Answer : (**B**)

(38) In sciatica, the following statements are correct except that it:

a) Is characterized by pain in the sciatic nerve distribution.
b) Is most often due to L5 disc protrusion.
c) May cause limitation of straight leg raising.
d) Frequently produces sciatic scoliosis.
e) May respond to conservative treatment.

Answer : (**B**)

(39) The following tumours may be associated with neurofibromatosis except:

a) Acoustic neurinoma.
b) Glioma.
c) Meningioma.
d) Pheochromocytoma.
e) Neuroblastoma.

Answer : (**E**)

(40) Sympathectomy is most effective in:

a) Raynaud's disease.
b) Buerger's disease.
c) Acrocyanosis.
d) Scleroderma.
e) Causalgia.

Answer : (**E**)

(41) As regards injuries of the median nerve, one is incorrect:

a) The most common site is the wrist region.
b) Froment's test is positive.
c) Loss of opposition of the thumb.
d) Ape s hand.
e) Pointing index.

Answer : (**C**)

(42) In injuries of the radial nerve above the elbow, one is incorrect:

a) Associated with fracture of shaft of humerus.
b) Extension of the wrist is lost .
c) Ape's hand deformity is prominent.
d) Carry the best prognosis among other nerve injuries.

Answer : (**C**)

(43) Sympathectomy is indicated in all except one:

a) Hyperhiderosis.
b) Buerger's disease
c) Raynaud's disease.
d) Sciatica
e) Sudek's atrophy.

Answer : (**D**)

(44) Injury to the long thoracic nerve of Bell is associated with all except one:

a) Loss of muscle power during pushing
b) Winging of the medial border of scapula.
c) Inability to raise the arm above the head.
d) Damage to the nerve occurs during axillary lymph node dissection.
e) May occur in Erb-duchenne paralysis.

Answer : (**C**)

(45) As regards the ulnar nerve, one is true:

a) It is derived from C7, C8 and T1.
b) It is formed lateral to the axillary artery.
c) Supplies the medial head of triceps
d) Lies deep to the flexor retinaculum.
e) Lies lateral to the head of flexor carpi ulnaris.

Answer : (**A**)

Cardiothoracic

(1) As regards fractures of the ribs, one is incorrect:

a) Sharp pain increased by breathing and coughing.
b) May complicated by haemothorax pneumothorax.
c) Treated by elastoplast strapping only if not complicated .
d) Never occur spontaneously.
e) Indirect trauma produces fracture at the angle of the rib.

Answer : (**D**)

(2) In Flail chest, one is not correct:

a) More than 4 ribs are broken both anteriorly and posteriorly.
b) Cyanosis is a common feature.
c) Mediastinal flutter occurs.
d) The flail segment moves outward during inspiration
e) Endotracheal intubation with positive pressure ventilation may be required for about 10 days.

Answer : (**D**)

(3) As regards tension pneumothorax, all are correct except one:

a) Due to valvular wound in chest wall or lung.
b) The mediastinum is shifted to the other side.
c) The venous return is greatly impeded.
d) Absent breath sounds on the affected side.
e) The air should be urgently aspirated and the needle immediately removed.

Answer : (**E**)

(4) The indications for urgent surgical intervention in penetrating chest injuries include all except one:

a) Uncontrolled bleeding.
b) Uncontrolled leakage of air.
c) Wounds of the oesophagus and trachea.
d) Wounds involving the diaphragm.
e) Retained F.B in the pleura or lung.

Answer : (**E**)

(5) As regards traumatic haemothorax, one is not correct:

a) May be associated with signs of internal haemorrhage.
b) Haemothorax never absorbs spontaneously.
c) Should be treated by repeated needle aspiration.
d) The mediastinum does not shift to other side.
e) Can not be diagnosed radiologically with less than 500 ml of blood.

Answer : (**D**)

(6) In severe thoracic injuries, tracheostomy has all the following advantages except one:

a) It diminishes the dead space by about one fourth.
b) It permits effective aspiration of the trachea-bronchial secretions.
c) It allows gradual absorption of pneumothorax.
d) It allows positive pressure ventilation if needed.
e) It is a minor procedure which greatly benefits the patient.

Answer : (**C**)

(7) Pleural fluid with the appearance of anchovy sauce pus is due to:

a) B.Coli.
b) Staph.aureus.
c) Echinococcus.
d) Entamoeba histolytica.
e) Haemothorax.

Answer : (**D**)

(8) In which type of empyema the pus is thin and may be sanguineous?

a) Pneumococcal empyema.
b) Staphylococcal empyema.
c) Streptococcal empyema..
d) Putrid empyema.
e) Tuberculous empyema.

Answer : (**C**)

(9) The most common cause of lung abscess is:

a) Blood bone infection.
b) Penetrating injury of the chest
c) Lymphatic spread.
d) Aspiration of septic material from the mouth or oropharynx.
e) Bronchogenic carcinoma.

Answer : (**D**)

(10) In the treatment of acute empyema thoracis, all are correct except one:

a) The proper antibiotics should be given.
b) Breathing exercises are essential part of treatment.
c) Pleural aspiration when the pus is thin.
d) Intercostals tube when the pus is thick but not yet localized.
e) Decortication is indicated in all cases.

Answer : (**E**)

(11) Indications for resection treatment in pulmonary T.B include all except one:

a) An open cavity with positive sputum after 3 6 months of chemotherapy.
b) Patients with negative sputum with residual destroyed segment.
c) Fresh lesion with positive sputum.
d) Tuberculous bronchiectosis of middle and lower lobes.
e) Massive life threatening hemoptysis.

Answer : (**C**)

(12) In the treatment of lung abscess, one is not correct:

a) Antibiotics.
b) Postural drainage.
c) Bronchoscopic aspiration.
d) Resection of the affected segment.
e) External drainage is recommended in all cases.

Answer : (**E**)

(13) The signs of postoperative pulmonary atelectasis include all of the following except one:

a) Fever.
b) Tracheal shift towards the affected side.
c) Bradycardia.
d) Displacement of the apex towards the side of collapse.
e) Diminished breath sounds on auscultation.

Answer : (**C**)

(14) X-ray signs of post-operative atelectasis include all except one:

a) Wedge-shaped opacity.
b) Elevation of the diaphragm.
c) Approximation of the ribs.
d) Prominent hilar shadows.
e) Deviation of the mediastinum to the affected side.

Answer : (**D**)

(15) As regards the pathological types of bronchogenic carcinoma, one is not correct:

a) Epidermoid (squamous cell carcinoma) 60%.
b) Small cell (oat cell carcinoma) 25 30%.
c) Large cell carcinoma.
d) Medullary carcinoma.
e) Carcinoid tumour.

Answer : (**D**)

(16) As regard bronchogenic carcinoma, one is not correct:

a) Is most often an adenocarcinoma.
b) Commonly manifest by symptoms of chest infection.
c) May secrete hormone-like substances.
d) Much more common in males than females.
e) Pancoast tumour may present with Horner syndrome.

Answer : (**A**)

(17) For pancoast tumour, one is not correct:

a) It is a clinical type of bronchogenic carcinoma.
b) Arises at the apex of the lung.
c) May invade the upper two ribs.
d) Absent pulses in the upper limb.
e) May present with pain in the arm or shoulder girdle.

Answer : (**D**)

(18) The extrapulmonary manifestations of bronchogenic carcinoma include all except one:

a) Hypercalcaemia.
b) Addison's disease.
c) Carcinoid syndrome.
d) Gynaecomastia
e) Pulmonary osteo-arthropathy.

Answer : (**B**)

(19) As regards constrictive pericarditis, one is not correct:

a) T.B is the commonest cause.
b) Normal size of the heart with high blood pressure and big pulse volume.
c) Engorged neck veins.
d) Hepatomegaly and ascites.
e) Oedema of the legs.

Answer : (**B**)

(20) Concerning cardiac arrest, one is untrue:

a) May be due to cardiac asystole or ventricular fibrillation.
b) Causes irreversible brain damage after 3 5 minutes.
c) Absent carotid pulse.
d) Sudden arrest of bleeding intra operative.
e) Should be treated at once by open cardiac massage.

Answer : (**E**)

(21) In a patient with penetrating chest wound and cardiac tamponade, all are true except one:

a) A raised C.V.P.
b) Muffling of heart sounds
c) A high arterial pressure
d) Cyanosis.
e) Paradoxic pulse.

Answer : (**C**)

Urology

(1) As regards ectopic kidney, one is not correct:

a) The pelvis is the commonest site.
b) Nephrectomy is the best treatment
c) The kidney is usually malrotated.
d) It can not be pushed back to the loin.
e) The ureter is short and not coiled.

Answer : (**B**)

(2) Regarding horse-shoe kidney, one is not correct:

a) The lower poles are fused together.
b) More liable to infection and stone formation.
c) Sometimes presents with vague abdominal pain and oedema of the lower limbs.
d) J.V.P shows normal direction of calyces.
e) Symphysiotomy may be done if the symptoms are due to the isthmus syndrome.

Answer : (**D**)

(3) As regards horse-shoe kidney, one is incorrect:

a) I.V.P show medial direction of some or all calyces.
b) Flower vase appearance of the ureters is a characteristic radiological finding.
c) Profuse haematuria is the commonest presentation.
d) May present with isthmus syndrome. .
e) There is lower level of both kidneys

Answer : (**C**)

(4) Concerning mobile kidney, one is incorrect:

a) More common in middle aged females who are thin and neurotic.
b) The kidney can be pushed out of the loin and back to it.
c) Never presents with Dietl's crisis.
d) May present with attacks of biliary colic and occasional jaundice.
e) Nephropexy should be combined with periarterial sympathectomy.

Answer : (**C**)

(5) For polycystic kidney, one is not correct:

a) Always bilateral.
b) Children may present with renal rickets.
c) Patients pass large volumes of urine of low specific gravity containing no casts or cells.
d) Chronic renal failure eventually develops.
e) Rovsing's operation is curative.

Answer : (**E**)

(6) Concerning polycystic kidney, one is not correct:

a) Hypertension is never present
b) I.V.U shows spider leg appearance.
c) Renal transplantation is the best treatment.
d) May present as bilateral renal swelling.
e) It usually manifests in adults about the age of 40 years.

Answer : (**A**)

(7) As regards aberrant renal vessels, one is incorrect:

a) Two or more renal arteries are the most common.
b) Ligation of an aberrant renal artery leads to infarction of the supplied segment
c) Ligation of an aberrant renal vein has no serious effects.
d) Always associated with renal hypertension.
e) May cause or accentuates hydronephrosis.

Answer : (**D**)

(8) Concerning perinephric abscess, all of the following are correct except one:

a) Primary abscess is due to haematogenous infection.
b) Signs of psoas irritation are usually present.
c) Plain radiograph may show scoliosis with the concavity towards the abscess.
d) Elevation and immobility of the diaphragm on the affected side.
e) Tuberculous perinephric abscess never occurs.

Answer : (**E**)

(9) As regards renal injuries, only one is incorrect:

a) Most injuries are intraperitoneal in children.
b) Haematuria is commonly present
c) Haematuria may be delayed for several days.
d) All cases of renal injury should undergo surgical exploration.
e) I.V.U is essential to confirm the function in the non-injured kidney.

Answer : (**D**)

(10) In 5% of cases of renal injuries, haematuria may be absent due to the following causes except one:

a) Tear not communicating with the renal pelvis.
b) Complete pulping of the kidney.
c) Avulsion of the pedicle.
d) Avulsion of the ureter.
e) Perinephric haematoma compressing the kidney.

Answer : (**E**)

(11) Intravenous urography in cases of renal injury may show the following except one:

a) Displacement of the kidney.
b) Extravasation of the dye outside the kidney.
c) Rapid excretion of the dye.
d) Pooling of the dye in the kidney substance.
e) No evidence of excretion.

Answer : (**C**)

(12) All of the following (except one) may be delayed complications of renal injuries:

a) Pararenal hydronephrosis.
b) Hypertension.
c) Renal artery stenosis.
d) Increased mobility of the kidney.
e) Aneurysm of the renal artery.

Answer : (**C**)

(13) As regards pyonephrosis, one is incorrect:

a) Presents with pain, swelling, fever and pyuria.
b) Nephrectomy is done in all cases.
c) Frequency of micturation is a frequent complaint.
d) In secondary pyonephrosis the kidney is more mobile than the primary pyonephrosis.
e) Is characterized by dilatations of the pelvicalyceal system with extensive excavation of the parenchyma.

Answer : (**B**)

(14) All of the following are characters of renal swelling except one:

a) Fills the renal angle or can be pushed to it.
b) Ballottable.
c) Movable with respiration.
d) The hand cannot be insinuated between it and costal margin.
e) A band of resonance in front of the swelling may be present.

Answer : (**D**)

(15) The increased frequency of micturation associated with renal tuberculosis may be caused by all of the following except one:

a) Polyuria due to congestion of the kidney.
b) Irritation of the bladder by the acidic urine.
c) Actual tuberculous cystitis.
d) Diminished secretion of anti-diuretic hormone.
e) Contraction of the bladder in late cases.

Answer : (**D**)

(16) As regard renal tuberculosis, one is Incorrect:

a) Sterile acid pyuria is very suggestive.
b) Autonephrectomy may occur.
c) Nephro-ureterectomy is not indicated.
d) Cystoscopy may show the galf-hole appearance of the ureteric orifices.
e) I.V.U may show moth eaten appearance of the ureteric orifices.

Answer : (**C**)

(17) Nephroblastoma (Wilm's tumour) has the following features except one:

a) Arises from emberyonic nephrogenic cells.
b) 75% of tumours occurs before 5 years age.
c) Pyrexia is a feature in about half of cases.
d) Metastasis occurs early by blood stream.
e) Haematuria is the main presenting symptom.

Answer : (**E**)

(18) As regards Wilm's tumour, one is not correct:

a) In 60% of cases abdominal mass is the only symptom.
b) Haematuria if present indicates a less favourable prognosis.
c) The best prognosis is in children under one year of age.
d) Mostly adenocarcinoma.
e) The diagnosis is confirmed by I.U.V.

Answer : (**D**)

(19) As regards hypernephroma, one is incorrect:

a) It is an adenocarcinoma arising from renal tubular cells.
b) Painless profuse and periodic haematuria is the most presenting symptom.
c) Commonly arises in one pole of the kidney.
d) Never associated with varicocele.
e) Pathological fractures and persistent cough may be the only presenting features.

Answer : (**D**)

(20) All of the following are correct for hypernephrorna except one:

a) Occasionally persistant pyrexia is the only symptom.
b) Persistence of polycythaemia after nephrectomy indicates the presence of metastases.
c) I.V.U shows distorsion, stretching and amputation of the calyces.
d) Needle biopsy is not recommended.
e) Nephrectomy is the standard operation.

Answer : (**E**)

(21) As regards tumours of the renal pelvis, one is not correct:

a) Papillary carcinoma produces implantations in the ureter and bladder.
b) Epidermoid carcinoma occurs in association with long standing stones.
c) Urine cytology may show malignant cells.
d) Ultrasonography and CAT scan are used to differentiate a tumour from radiolucent stone.
e) All pelvic tumours are treated by partial nephrectomy.

Answer : (**E**)

(22) As regards renal calculi, one is not correct:

a) All the renal calculi are radio-opaque.
b) Uric acid stones are hard, but urate stones are soft.
c) Oxalate stones form in acid urine and are radio opaque.
d) Phosphate stones form in alkaline urine.
e) Phosphate stones may present as stag horn stone.

Answer : (**A**)

(23) As regards the indications of surgery for renal stones, all are correct except one:

a) Big stones.
b) Impacted stones.
c) Infection should be controlled before operation.
d) Distal obstruction.
e) Stones endangering the kidney function.

Answer : (**C**)

(24) The lumber incision for exposure of the kidney cuts five muscles (one is not correct):

a) Latissmus dorsi.
b) External oblique.
c) Internal oblique.
d) Serratus posterior superior.
e) Transverses abdominis.

Answer : (**D**)

(25) Indications for nephrolithotomy include all except one:

a) Metabolic stones.
b) Stones in the intrarenal pelvis.
c) Recurrent stones.
d) Stone impacted in one calyx.
e) Vascular anomalies on the back of pelvis.

Answer : (**A**)

(26) Nephro-ureterectomy is not indicated in one of the following:

a) Renal tuberculosis.
b) Papillary carcinoma of renal pelvis.
c) Renal hydatid disease communicating with the renal pelvis.
d) Epidermoid carcinoma of the renal pelvis.

Answer : (**D**)

(27) In correction of hydronephrosis, one is not correct:

a) Anderson-Hynes' pyeloplasty.
b) Stewart-nephroplication.
c) Diamond uretroplasty.
d) Rovsing's operation.
e) Y.V pyeloplasty.

Answer : (**D**)

(28) In the treatment of bilateral renal stones, one of the following is not correct:

a) Usually the kidney with the better function is treated first.
b) If there is severe pain on the worse side it must be operated upon first.
c) Pyonephrosis on the worse side should be treated first.
d) Silent bilateral renal stage horn stones in old and unfit patient may be best not to operate.
e) Both kidneys should be operated simultaneously.

Answer : (**E**)

(29) As regards the anatomy of the ureter, one is incorrect:

a) 25-30 cm in length.
b) It crosses the bifurcation of the common iliac artery.
c) In males, it is crossed by the vas deferens.
d) In females, it lies behind the broad ligament.
e) It has a single blood supply.

Answer : (**E**)

(30) Concerning the sites of normal anatomical narrowing of the ureter, one is not correct:

a) Pelvi-ureteric junction.
b) Crossing the iliac artery.
c) Juxta-position of the testicular or ovarian vessels.
d) Entering the bladder wall.
e) Ureteric orifice.

Answer : (**C**)

(31) As regards stricture of the ureter, one is not correct;

a) Bilharzial stricture commonly affects the lower third of the ureter.
b) Many patients presents with advanced hydronephrosis.
c) Tuberculous stricture tends to occur opposite the brim of the pelvis
d) Congenital stricture occurs in the intramural part or pelvi-ureteric junction.
e) Stricture lower third treated by Boari's operation.

Answer : (**C**)

(32) Concerning diverticula of urinary bladder, one is not correct:

a) Congenital diverticula are more common near the ureteric orifices and at the apex of the bladder.
b) Pulsion diverticula are devoid of the muscle coat.
c) All diverticula need surgical treatment.
d) Pulsion diverticula are common in paraureteric site.
e) It is better to operate on senile enlargement of the. prostate and big diverticulum at the same setting.

Answer : (**C**)

(33) As regards bladder diverticula, all are correct except one:

a) May present with double micturation.
b) If carcinoma develops the prognosis is worse.
c) May cause ureteric obstruction.
d) Rarely a big diverticulum is felt bimanually.
e) All cases require surgical excision.

Answer : (**E**)

(34) Regarding ectopia vesicae, one is incorrect:

a) There is a deficiency in the lower part of the anterior abdominal wall and the anterior wall of the bladder.
b) The pubic bones are widely separated giving the child a waddling gait.
c) Commonly associated with epispadius or bifid clitoris.
d) Malignant change occurs in long standing cases and gives rise to squamous cell carcinoma.
e) The tests may be undescended.

Answer : (**D**)

(35) As regards ectopia vesicae, one is not correct:

a) The mucosa of the posterior wall is adherent to the skin and usually everted outwards.
b) Ascending infection to the kidneys is frequent.
c) Adenocarcinoma may develop in long standing cases.
d) The sphincteric mechanism is usually normal.
e) Bilateral iliac osteotomy facilitates closure of the bladder and abdominal wall.

Answer : (**D**)

(36) As regards ectopic ureter, one is incorrect:

a) It is usually the upper member of a double ureter that opens ectopically lower.
b) May open into the posterior urethra or seminal vesicle in the male.
c) Opens into the urethra or vagina in the female .
d) Causes urinary incontinence in both sexes.
e) In female it requires transplantation into the bladder.

Answer : (**D**)

(37) Concerning ureterocele, one is not correct:

a) Is always due to pin hole ureteric meatus.
b) Appears as a translucent cyst during cystoscopy.
c) Causes frequency from irritation of the bladder by prolapsed mucosa or infection.
d) Never causes renal symptoms
e) Treated by cystoscopic diathermy fulgration.

Answer : (**D**)

(38) Concerning intraperitoneal rupture of the bladder, one is untrue:

a) Occurs only when the bladder is distended.
b) May be due to external trauma or instrumentation.
c) Common in females.
d) May cause peritonitis with shifting dullness.
e) Require immediate laparotomy.

Answer : (**C**)

(39) As regards extraperitoneal rupture of the bladder, one is not correct:

a) It usually occurs due to fracture pelvis.
b) Extravasation occurs in the perivesical space and anterior abdominal wall.
c) Causes suprapubic pain with an intense desire to micturate.
d) Catheterization usually yield small amount of urine and few drops of blood.
e) Cannot be differentiated from intrapelvic rupture of urethra by catheterization.

Answer : (**E**)

(40) As regards carcinoma of the bladder in Egypt, one is not correct:

a) The trigone is the commonest site.
b) Necroturia is a common complaint.
c) Mostly squamous cell carcinoma.
d) Lymphatic spread is late.
e) Is usually of low grade malignancy.

Answer : (**A**)

(41) Concerning non-bilharzial carcinoma, one is untrue:

a) Is often a transitional cell carcinoma.
b) Haematuria is the main complaint
c) Is palpable only in late cases.
d) 85% are nodular in gross appearance
e) Villous papilloma is considered as a stage I grade I carcinoma.

Answer : (**D**)

(42) Hyperchloraemic acidosis is a common complication of one of the following methods of urine diversion:

a) Ileal conduit.
b) Rectosigmoid bladder.
c) Ureterocolic implantation.
d) Koch's pouch.
e) Continent reservoir.

Answer : (**C**)

(43) All of the following except one are complications of uretero-sigmoidostomy:

a) Stenosis and obstruction of the stoma.
b) Ascending infection.
c) Hyperkalaemia.
d) Hyperchloraemic acidosis.
e) Cancer colon in 30% after 10 years.

Answer : (**C**)

(44) All of the following except one are complications of bilharziasis of the urinary bladder:

a) Secondary infection and stone formation.
b) Urinary incontinence.
c) Bladder neck obstruction.
d) Bilharzial ulcer.
e) Malignant change.

Answer : (**B**)

(45) The following are examples of chronic ulcers of the urinary bladder except one:

a) Hunner's ulcer.
b) Tuberculous ulcers.
c) Bilharzial ulcers.
d) Typhoid ulcers.
e) Malignant ulcers.

Answer : (**D**)

(46) Dennis-Brown operation is designed for repair of:

a) Ectopia vesicae.
b) Epispadius.
c) Hypospadius.
d) Phimosis.
e) Paraphimosis.

Answer : (**C**)

(47) As regards hypospadias, one is not correct:

a) The urethral opening lies on the undersurface of the penis.
b) The corpus spongiosum is replaced by a fibrous cord.
c) The prepuce is deficient inferiorly.
d) Ventral curving of the penis.
e) No treatment is necessary till the age of 6 years.

Answer : (**E**)

(48) Management of children with hypospadius include the following except one:

a) Circumcision.
b) Urgent meatotomy for meatal stenosis.
c) Early resection of the chordee at 2 years.
d) Definitive repair at the age of 4 years.
e) Perineal urethrostomy at the definitive repair.

Answer : (**A**)

(49) As regards extrapelvic rupture of the urethra, one is not correct:

a) Usually affects the bulbous part.
b) May be partial or complete.
c) Diagnostic triad (perineal haematoma, bleeding from meatus and retention of urine).
d) Extravasation of urine may reach the knee joint.
e) PR examination reveals no abnormality and the prostate is in its place.

Answer : (**D**)

(50) Concerning intrapelvic rupture of the urethra, all are true except one:

a) Always involves the membranous urethra.
b) History of major trauma (run over accident).
c) PR reveals upward displaced prostate.
d) retention of urine.
e) Shock is more marked.

Answer : (**D**)

(51) Concerning stricture of the urethra, one is not correct:

a) Traumatic strictures usually affects the bulb.
b) Inflammatory strictures follows mostly gonorrheal urethritis.
c) Stricture may be permeable or impermeable as regards the flow of urine.
d) All strictures respond to repeated dilatations.
e) Tight strictures of the posterior urethra are best treated by Badenock s pull through urethroplasty.

Answer : (**D**)

(52) Concerning urethral stone, one is untrue:

a) Is usually migrating from the upper urinary tract
b) Causes acute retention of urine.
c) May be palpable through the floor of the urethra.
d) May be impacted in any part of the urethra.
e) Often requires urgent operative interference.

Answer : (**D**)

(53) As regards senile enlargement of the prostate, one is untrue:

a) Frequency of micturation is the initial symptom which later may be associated with urgency.
b) Rarely affects Negroes and Mongolians.
c) May present with silent prostatism.
d) Always starts in the submucous glands of the lateral and middle lobes.
e) Straining improves the urine flow.

Answer : (**E**)

(54) Complications of transurethral resection of the prostate (TUR) include:

a) Water intoxication and heart failure.
b) Perforation of the prostatic capsule.
c) Incontinence.
d) Stricture formation.
e) All of the above.

Answer : (**E**)

(55) As regards prostatic carcinoma, one is not corrected:

a) Is a disease of elderly males.
b) Many cases are asymptomatic.
c) Usually starts in the deep glands of the posterior lobe.
d) Prostate specific antigen is more valuable as a prognostic indicator.
e) Most bone secondaries are osteolytic.

Answer : (**E**)

(56) Concerning prostatic carcinoma, one is untrue:

a) Is usually a well differentiated adenocarcinoma.
b) Serum alkaline phosphatase is elevated in bone or hepatic secondaries.
c) It is not hormone dependent.
d) Tends to spread to the vertebrae and pelvic bones via the vertebral venous plexus.
e) Haematuria is a rare symptom of prostatic cancer.

Answer : (**C**)

(57) In the management of carcinoma of the prostate, one is not correct:

a) Trans-rectal ultrasound helps to localize the nodules and facilitates needle biopsy.
b) Patients with well differentiated carcinoma involving less than 5% of the removed gland should attend regular follow up.
c) Radical prostatectomy only for localized tumour in fit patient.
d) Bilateral orchidectomy is indicated in metastatic carcinoma.
e) Suprapubic cystostomy as a palliative treatment

Answer : (**E**)

(58) The left testicular vein drains into:

a) Inferior vena cava.
b) Left common iliac vein.
c) Lert renal vein.
d) Left internal iliac vein .
e) None of the above.

Answer : (**C**)

(59) For undescended testis, one is not true:

a) An associated hernia is present in about 80% of cases.
b) More liable to torsion.
c) More common on the right side.
d) Orchidopexy prevents the malignant change
e) May be intra-abdominal or extra-abdominal.

Answer : (**D**)

(60) Concerning undescended testis, one is incorrect:

a) The scrotum on the affected side is underdeveloped.
b) More liable to undergo malignant change.
c) Never bilateral.
d) Orchidopexy should be done at the age of 2-3 years.
e) Laparoscopy is very helpful in lumber testes.

Answer : (**C**)

(61) As regards ectopic testis, one is untrue:

a) Has a long spermatic cord.
b) In inguinal ectopic testis, the cord is medial to it.
c) May lie in groin, thigh, perineum or public region.
d) Does not develop normally.
e) Is probably due to rupture of the scrotal bandofthegubemaculum.

Answer : (**D**)

(62) Concerning testicular torsion one is not correct:

a) Common in adolescents (10-25 years).
b) Sudden agonizing pain in the groin is the earliest symptoms.
c) May be mistaken for epididmo-orchitis.
d) Gangrene of testis never occurs.
e) The other testis should be fixed at the same operation.

Answer : (**D**)

(63) Concerning testicular torsion, one is not correct:

a) Inversion of the testis is most common predisposing factor.
b) More common in maldescended testis.
c) May be mistaken for strangulated hernia.
d) The testis is tender at the neck of the scrotum.
e) Elevation of the scrotum relieves the pain of testicular torsion

Answer : (**E**)

(64) All of the following (except one) are correct for a spermatocele:

a) It can not be separated from the upper pole of testis.
b) It contains spermatozoa and the fluid resemble barley water in appearance.
c) Opaque on transillumination
d) The patient may think that he has three testicles.
e) Big spermatoceles are treated by excision.

Answer : (**C**)

(65) Acute epididymo-orchitis has the following features except one:

a) Infection usually occurs through the vas deferens.
b) The pain is severe and may radiate to the lower abdomen.
c) May be complicated by testicular atrophy and sterility.
d) To avoid the development of epididyno-orchitis, some advise bilateral ligation of the vas during prostatectomy.
e) All cases should be treated surgically.

Answer : (**E**)

(66) Concerning varicocele, one is not correct:

a) May be associated with hypernephroma.
b) Primary varicocele is much more common on the right side.
c) It feels like worms in a bag.
d) May be complicated by testicular atrophy.
e) Not all cases need surgical intervention.

Answer : (**B**)

(67) The indications of surgery in varicocele include the following except one:

a) Big varicocele.
b) Repeated attacks of thrombosis.
c) Testicular atrophy.
d) Sterility.
e) Repeated attacks of testicular torsion.

Answer : (**E**)

(68) Concerning hydrocele, one is untrue:

a) Infantile hydrocele does not necessarily appear in infants.
b) Presents as a pear shaped swelling which is translucent.
c) Encysted hydrocele of the cord becomes less mobile when the testis is pulled down.
d) Vaginal hydrocele leads to atrophy of the testis.
e) It is the commonest intrascrotal swelling.

Answer : (**D**)

(69) For testicular cancer, one is not correct:

a) Cryptorchoids have a greater malignant tendency.
b) Testicular sensation is never lost.
c) Gynaecomastia may be the first presentation of testicular tumour.
d) Biopsy is not allowed to avoid dissimination.
e) Lymphatic spread to para-aortic nodes.

Answer : (**B**)

(70) Concerning teratoma of the testis, one is not correct:

a) The highest incidence is between25 39 tears.
b) Embryonal carcinoma is the least malignant tumour.
c) Chorio- carcinoma is radio-resistant.
d) Estimation of serum HCG is more helpful in the follow up.
e) Combination chemotherapy has improved the survival of testicular teratoma.

Answer : (**B**)

(71) All of the following are true of Wilm's tumour except one:

a) May produce hypertension or haematuria.
b) Majority diagnosed between 1 and 4 years of age.
c) Cure rate over 80%.
d) Survival not affected by histology.

Answer : (**D**)

(72) The earliest symptom of senile enlargement of the prostate is:

a) Hesitancy.
b) Dysuria.
c) Precipitancy.
d) Nocturnal frequency
e) After Dribbling.

Answer : (**D**)

(73) One of the following is not correct for polycystic kidney:

a) The disease is always bilateral.
b) Renal rickets occurs in children.
c) Renal failure never occurs.
d) May present with hypertension
e) Rovesing's operation is palliative.

Answer : (**C**)

(74) All of the following except one are correct for hypernephroma:

a) A mass is felt in 50% of cases.
b) Varicocele may develop in some cases
c) Pyrexia of obscure origin may be present
d) Polycythaemia may occur in some cases
e) Pathological fracture never occurs.

Answer : (**E**)

(75) As regards bladder diverticula, one is untrue:

a) Congenital diverticula occur at the neck of bladder.
b) Carcinoma arising in a diverticulum spreads rapidly.
c) Double micturition if present is pathognomonic.
d) Pulsion diverticula are usually multiple.
e) False diverticula are caused by a chronic ascess opening into the bladder.

Answer : (**A**)

(76) For varicocele, one is not correct:

a) More common on the left side.
b) May be associated with hypernephroma.
c) Never leads to testicular atrophy.
d) Feels like a bag of worms.
e) In sterility high ligation is done on both sides even the varicocele may be unilateral.

Answer : (**C**)

(77) The management of neonates with hypospadias should include the following except one:

a) Circumcision.
b) Urgent meatotomy for meatal stenosis.
c) Early resection of the chordee.
d) Definitive repair at the age of 4 years.
e) Perineal urethrostomy at the definitive repair.

Answer : (**A**)

(78) In a male neonate with complete ectopia vesica, all are true except one:.

a) A defect in the abdominal wall.
b) Epispadius.
c) Visible ureteric orifices.
d) Absence of the umbilicus
e) The pubic bones are well developed.

Answer : (**D**)

(79) As regards undescended testis, one is incorrect:

a) More liable to torsion.
b) Associated hernia is present in 80% of cases.
c) Orchiodopexy is best done at 23 years of age.
d) Orchidopexy prevents the malignant change.

Answer : (**D**)

(80) Encysted hydrocele of the cord may be mistaken for one of the following:

a) Varicocele.
b) Saphena varix.
c) Spermatococeie.
d) Hydrocele of hernial sac.
e) Femoral aneurysm.

Answer : (**C**)

(81) Concerning undescended testis the ideal age for orchidopexy is:

a) 2 to 3 years.
b) 5 to 6 years.
c) At diagnosis.
d) 10 to 12 years.
e) 3 to 6 months.

Answer : (**A**)

(82) Concerning primary varicocele, all are true except one.

a) May cause dragging pain in testis and groin.
b) Occur most often in adolescents.
c) More common in left side.
d) Forms a soft compressible Scrotal swelling.
e) Dos not affect the testicular function.

Answer : (**E**)

(83) Hypospadias is generally associated with all of the following except one:

a) Ectopic urethral meatus.
b) Hooded dorsal foreskin.
c) Ventral curvature of penile shaft.
d) Horse-show kidney.
e) Flattened glands.

Answer : (**D**)

(84) As regards undescended testis, one is untrue:

a) Sterility in bilateral cases.
b) 75% have oblique inguinal hernia.
c) Decreased incidence of testicular malignancy especially in intra-abdominal testis.
d) Hormonal treatment should not be given before the age of 7 years.
e) Increased incidence of trauma and torsion.

Answer : (**C**)